

Preschool Discovery Mornings

Mt. Airy

Stanbery

McFarlan

Ault

French

Preschool children ages 3 1/2 to 5. A fun, hands-on way to explore nature's treasures right at their neighborhood park. Each of the four days will feature a different topic, new this year. Activities will include hikes, games, crafts, songs, puppets and more. Children must have turned 3 by January 2005 and must be toilet trained. Please dress your child in comfortable clothing and closed-toe shoes.



Days and Times:

Programs are held Tues. Wed., Thurs. and Fri.








Each session lasts from **9:30 a.m. – 11:30 a.m.**

Fee: \$25.00 / week for Cincinnati city residents

\$30.00 / week for non-residents

To register: Use the form on Page 14.

**THE PROGRAMS REPEAT EACH WEEK;
PLEASE SCHEDULE YOUR CHILD FOR ONE SESSION ONLY.**

	Mt. Airy Forest	June 14 - 17	(At Stone Steps Shelter)
	French 1	June 21 - 24	(At Shelter in Cul-de-sac)
	Ault Park 1 FULL	June 28 - July 1	(At Principio Ave. picnic area)
	McFarlan Woods	July 12 - 15	(At Shelter)
	Ault Park II FULL	July 19 - 22	(At Principio Ave. picnic area)
	French Park II FULL	July 26 - 29	(At Shelter in Cul-de-sac)
	Stanbery Park	Aug. 2 - 5	(In the shelter at end of gravel path)

Registration Form: Discovery Mornings

How to Register:

Fill out this form and mail it with your payment by June 1st to

Discovery Mornings, 4 Beech Lane, Cincinnati, OH 45208.

You must include your payment of fees. Checks should be made payable to:

Treasurer, City of Cincinnati.

Each child should be registered on a separate form. (The form may be reproduced.)

Please print

Name _____ Age _____ D.O.B. _____

Address _____
Street City, State Zip

Parent/ Guardian Name: _____

Phone _____ Emer. Phone _____

E-mail (optional) _____

Park _____ Program Dates _____

If your camp is filled, do you have a 2nd choice? Put park & date here: _____

Amount Enclosed _____

Please place my child in a group with their friend _____

(We prefer to place children with others of the same age. Children should request each other.)

Please note any medical conditions, allergies, medications, or other health concerns which should be known by your child's leader or emergency medical personnel on the back of this form.

I hereby release and save harmless the Cincinnati Board of Park Commissioners and its employees from any and all liability for any injuries, loss, or other claims arising out of this camp and its program. I give permission for my child to be photographed and for his/her picture to be used without identification or compensation in Park publications. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director to administer treatment, including hospitalization, for my child as named above.

Signature of parent or guardian _____

Date _____